## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100326

Entity Name: BRADLEY P. GRANT, M.D., P.A.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1938 DAIRY ROAD 1480 SOUTH WICKHAM ROAD MELBOURNE, FL 32904 MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

1117 WILD FLOWER DR 5185 CALMES WAY

MELBOURNE, FL 32940 MERRITT ISLAND, FL 32952

FEI Number: 55-0847135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRANT, BRADLEY P
1117 WILD FLOWER DR
GRANT, BRADLEY P
5185 CALMES WAY

MELBOURNE, FL 32940 US MERRITT ISLAND, FL 32952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Delete Title: DR (X) Change () Addition
Name: GRANT, BRADLEY P M.D.
Address: 1117 WILD FLOWER DR Address: 5185 CALMES WAY

 Address:
 1117 WILD FLOWER DR
 Address:
 5185 CALMES WAY

 City-St-Zip:
 MELBOURNE, FL 32940
 City-St-Zip:
 MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRADLEY P GRANT MD DR 01/08/2008